fora 2 deps

Entry Blank—	Please Typ	e or Print		
☐ Ms./Artist ☐ Mr./Artist	JOEL	HAUSER	RMAN	
Permanent Address	3274	BERKSH	IRE	(last name last
44118 Zip	Street	City Daytime Tel. (y)	321-725
Zip				21-5424
Temporary or Studio Address		Street		City
		Daytime Tel. ()	city
Zip		i	area	
If you do not prese Reserve, in which co		of the counties of t born?	he Western	
Collaborator (if any)				
If May Show entrie	p at Museum. dispose of.	oted or are not sold: at artist's expense:		
	Street			
City	State	2		Zip
Special Instru	ctions			
Entry Blank must b be accepted.	e completed in	full and signed; for	ms received	unsigned will not
When necessary, in an object.	clude instruction	ons or a drawing for	assembling	and displaying
that the Museum s	hall dispose for rein. It is also u	delivery and return or its own account an inderstood that acce	ıy objects no	ot picked up by
The submission of all terms and o		be construed as ar nted herein.	acceptan	e by the artist
Signature	e Osta	fuseum		
I have received the	unsold/unacce	pted object(s) in goo	d condition	
5	DOC)	Sallan	Ou	

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

A Pain	_					
Materials used (media	a):					
	SILVER	PF	PINT			
Title 11P1	ERRE'S	ł (
Price or NFS Insurance Value if NFS Only			Size PRWT SIZE 16X2 height x width x depth			
	GRAPHICS AND PHO	TOGRAPH	Y ONLY			
Additional No. For Sale	Total No. in Edition	Price of Print Unframed		Price of Frame Only		
ACCEPTED	DO NOT WRITE IN	THIS SI	ECTION	AC	CEPTED	
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NOT ACCEPTED	. 30			NOT	ACCEPTED	
NOT ACCEPTED 4		<u> </u>	Belle			
B Paint			□ Pho		hy fy category)	
Materials used (media	a):					
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Title UN	TITLED					
Price or NFS	Insurance Value If NFS Only		Size /6Y2D height x width x depth			
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Additional No.	Total No. in		Price of Print		Price of	
For Sale	Edition		Inframed 300 —		Frame Only	
ACCEPTED	DO NOT WRITE IN THIS SECTION		ACCEP	TED	REC'D	
*			X	84	JAL	
NOT ACCEPTED	3		NOT ACC	EPTED	DATE	